

IMPROVING MEDICAL EDUCATION IN THE UNITED STATES.

At the time of writing, the state legislature has before it a number of bills, all destructive of the present medical law and not evidencing any proper compensatory constructive intent. Moreover, the administration itself is favorable to changes in the law which will lessen, in great measure, its value to the people. Finally, the people themselves, they who are the most interested in a proper medical law whether they acknowledge it or not, are quite indifferent to their own fate in the premises.

This puts in a very few words, the *Status praesens* in California and the prospect is not a satisfactory one. It is, then, a great relief to turn to the current annual report of the President of the Carnegie Foundation and to read his review of the general medical situation in the United States and in Canada, and see what has been gained and how much it is, and how really nothing has been lost in the wider field which must include the narrower.

With a reiteration which is necessary in order to reach the understanding of everybody, President Pritchett points out the fundamental difference between the American way and the German method, and insists again upon the absolute necessity of putting medical education wholly into the hands of educational bodies as a matter of education, and taking it away from the proprietary professional schools, "whose function is to get the ill trained and the unfit into medical practice by the shortest route."

He comments upon the fact that under the American way Boston, New York, Baltimore and Chicago all offer medical educational facilities quite equal to those of Germany. He instances Harvard, Columbia, Cornell, Johns Hopkins, University of Chicago and the Northwestern University; but at the same time these cities permit schools of the cheapest and worst sort to exist side by side with the good, and he names the Boston College of Physicians and Surgeons, the Eclectic Medical College in New York, the Maryland Medical College in Baltimore, and in Chicago are the Bennett Medical College, the Jenner Medical College and the Herring Medical College. St. Louis does the same, for it offers the newly organized Medical Department of Washington University and, as a contrast, the American (Barnes) Medical College. While this is easily understandable—for no city can say there shall be nothing cheap nor fraudulent within its borders—the next point is less so. In this he refers to the educational insincerity of those universities which shelter under their academic protection medical schools over which they have no control and the ideals and methods of teaching in which may be wholly different from those in the university itself. For example, Bowdoin College has the Main College of Medicine; Marquette University has the Milwaukee Medical College; the University of Southern California has the Los Angeles College of Physicians and Surgeons; Loyola University has the Bennet Medical College; Willamette University in Oregon its

medical department, the University of Tennessee and its medical school; Union University and the Albany Medical School; Lincoln Memorial University and its medical school; the Texas Christian University and the Fort Worth School of Medicine; Cotner University and its medical school at Lincoln, Nebraska.

There is no carping in making these two points. The instinct of self-preservation is, without it, recognized and that a poor and inefficient institution will struggle on in the hope that an angel may come who will provide means for betterment and bring the good times that are dreamed of, is acknowledged. This is especially true of those universities which have, from the days of the didactic and quiz era, carried medical schools for which they have been unable to supply means for development and which have, necessarily, fallen behind the procession, but which old association protects from ablation and extinction. And the same instinct explains the frantic struggle and loud-voiced protest of the sham school against laws of any kind so long as the sham is a profitable one.

From this point on, however, there is report of progress, and progress that is very frankly credited to the Council on Medical Education of the American Medical Association in the first place and to the Association of American Medical Colleges in the second place. A list is given of universities that have "abandoned clinical schools which they felt were unnecessary and for whose support they could not hope to provide." These were the University of North Carolina, the University of Missouri, the University of Denver, the Central University of Kentucky, Chattanooga University, and Washburn College at Topeka, Kansas, while the University of Illinois has dropped its clinical years. He notes the improvement of standards, the bettering of the teaching, the larger support and the closer and ampler hospital relations in the better of the existing schools as positive subjects for congratulation. Especially is the Council commended for having taken up the study of the English methods of examination, which are "largely practical in character" and have the tendency to drive out from the schools vicious teaching methods. Then the report comes back, as all reports on this subject must do, to the secondary school. President Pritchett says: "Experience . . . proves that the requirement of a good education as a preliminary to the medical school, exercises a larger influence for good than all other requirements combined. The simple demand that the physician shall be an educated man is the most important step toward a higher plane for the profession." In this special context the Association of American Medical colleges is commended for having so framed its rules that the high school basis for entrance shall not be vitiated by the admission of *conditioned* students or the acceptance of the so-called "*equivalents*"—for no school doing this may remain a member of the Association.

All these gains, and the others that cannot here be itemized, are a comforting offset to the thought of the chaotic state of medical legislation at the

Capitol, and make it clear that medical education, and with it medical practice, and with that the care of the people, may be safely intrusted to universities and to the American Medical Association. Let state governments deal with the subject as they please, let even the central government be misled, as it may be by zealous self-seekers and persuasive perverts, the progress that is reported is proof that in the true universities and in the representative body of the profession the course will always be toward the highest goal, the producing of the best and most useful type of men to care for sick humanity.

Statistics are said to be just as truthful as facts, and so these statistical facts are quoted in full: "The total of 166 schools of all kinds existing in the United States and Canada in June, 1904, has in eight years decreased to 117 in 1912. Homeopathic schools, of which there were twenty-two in 1900, have now fallen to ten; eclectic schools from ten to six; the physio-medical schools have entirely disappeared. The total student enrollment, which reached 28,142 in 1904, has now declined to 18,412. As the student bodies of the higher grade schools have steadily advanced in numbers, this considerable decrease has taken place precisely where in the public interest it should take place, namely, in the weaker schools. It is thus obvious that the destruction of one inefficient school does not merely result in increasing the enrollment of another; it actually and absolutely keeps a certain number of unfit men out of the profession." The "negative character"—as it is called in the report—of these facts does not detract one whit from their having a positive value in indicating the trend of events. Leaving present forces undisturbed to continue this work and making "sure that standards are genuine rather than higher" in the immediate future will accomplish what is needed quite regardless of any vagaries of any state legislation.

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ORIGINAL ARTICLES

SUMMER DIARRHEA FROM THE STAND- POINT OF THE CLINICIAN.*

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With the wonderful advances that have been consummated in prophylactic medicine during the past decade, one marvels that a more concentrated effort has not been made to limit the frightful loss of infant life due to that horrible result of heat and dirt, the summer diarrhea. As intricate and difficult as the problems may be presented by enteritis and its allied complaints to us, who are fortunate enough to live in this wonderful state, they are mild as compared to what one sees in the congested districts of our Eastern cities.

In a recent report of the Board of Health of the State of New York are some statistics that absolutely strike terror to any one reading them. In one town, and a small one, over 500 children died last year out of every thousand born before they had reached the age of one year. It has been conservatively estimated that 40 per cent. of the number died of summer complaint, and that at least 66 per cent. of these cases were preventable. In other words, 134 babies in this particular town out of every thousand born died because of heat and filth, and primarily by far, the latter cause was the essential factor. Were a similar mortality rate to occur among cattle or pigs or horses, or any commercial commodity, the Government would very rapidly take steps to lower it; and why? Because the people and newspapers would demand it. And likewise why is it not demanded in this horrible slaughter of the innocents? Simply because the people have not sufficient breadth to appreciate the economical loss entailed in this enormous death rate. One might be justly criticized for discussing the lives of these infants from a financial standpoint, were it not definitely evident that that is the one feature within which lies the crux of the whole situation.

At this point it might be well to apologize for apparently digressing from the subject with which this paper has to deal, and yet since the most potent steps in the treatment of the summer diarrheas depend upon the prevention of the condition, a few moments devoted to this phase of the subject are surely apropos. It must not be understood that no effort has been made to stamp out this terrible set of diseases. In this country, as well as in Europe, national and international societies have been formed for the prevention and reduction of infant mortality, and inasmuch as over 25% of this mortality is due to the summer diarrheas, one will understand that attention has been primarily directed toward this particular group of diseases.

A great deal has been written as to what bearing heat may have upon summer complaint, and so many arguments have been advanced to show that there is some direct connection between the two that one must take cognizance of the fact. At the same time, one is struck by the difficulty in answering the following questions:

* Read before the Santa Clara County Medical Library Club.